



Nebraska Department of Health and Human Services Health Plan Advisory

No. 17-14
(rescinds 17-04 and 17-11)

DATE: November 13, 2017

TO: Nebraska Heritage Health Plans

FROM: Thomas 'Rocky' Thompson, Interim Director *TNT*
Division of Medicaid & Long-Term Care

BY: Joette Novak, Program Manager, Division of Medicaid & Long-Term Care,
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RE: Durable Medical Equipment (DME) for Medicaid Clients Residing in Nursing
Facilities (NF) and Intermediate Care Facilities for Individuals with
Developmental Disabilities (ICF/IDD)

This Health Plan Advisory (HPA) is being issued to provide guidance to the Heritage Health Plans on the processes required for reimbursement of certain DME items for clients residing in NF or ICF/IDD facilities. This HPA rescinds and replaces both HPA No. 17-04 issued April 6, 2017, and HPA 17-11 issued August 8, 2017. This guidance is considered in effect as of the beginning of Heritage Health on January 1, 2017.

The items below are not included as part of the NF or ICF/IDD facility's Medicaid per diem rate. As DME is in the Heritage Health benefit package, these items must be billed to the health plan and payment must be issued to the NF or ICF/IDD for these items.

1. Non-standard wheelchairs, including power-operated vehicles, and wheelchair seating systems, including certain pressure reducing wheelchair cushions, needed for the client's permanent and full time use;
2. Air fluidized bed units and low air loss bed units; and
3. Negative pressure wound therapy.

These items cannot be billed directly by the DME provider per regulations found at 471 NAC 12-011.04E. A DME provider billing on behalf of the NF or ICF/IDD must follow the billing instructions of the health plan in which the client is enrolled.

The health plans are responsible for determining the medical necessity for these items and may prior authorize these items.

For in-network and out-of network providers, the items listed above will be reimbursed separately to the NF or ICF/IDD according to the maximum allowable rate *for rates established* on the durable medical equipment and supplies fee schedule.

For ICF/DD, the billing provider must provide the ICF/IDD with the explanation of benefits from Medicare (EOMB) in order for the ICF/IDD to bill the Heritage Health Plans and be reimbursed.

For NF, the billing provider does not need the EOMB in order for the NF to bill the Heritage Health plans and be reimbursed.

If you have questions regarding this advisory, please contact MLTC staff at: DHHS.MLTCPhysicalHealth@nebraska.gov. Health plans should also copy their contract manager.

Health Plan Advisories, such as this one, are posted on the DHHS website at <http://dhhs.ne.gov/medicaid/Pages/HealthPlanAdvisories.aspx>. The “Recent Web Updates” page will help you monitor changes to the Medicaid pages.